

## ARIZONA DEPARTMENT OF HEALTH SERVICES DIVISION OF BEHAVIORAL HEALTH SERVICES DIVISION DOCUMENT REVISION NOTICE

The Arizona Department of Health Services/Division of Behavioral Health Services has revised the below referenced document(s), indicated by **BOLD** print and the symbol **[X]**. The attached memorandum includes a detailed description of the changes impacting the selected document(s). The revised document(s) will be posted to the ADHS/DBHS website on or around March 1, 2006. Please direct any questions regarding this Division document revision notice to Stewart McKenzie at (602) 364-4655 or via electronic mail at [mckenzs@azdhs.gov](mailto:mckenzs@azdhs.gov).

<b>DIVISION DOCUMENT</b>	ADHS/DBHS PROVIDER MANUAL	ADHS/DBHS POLICY AND PROCEDURES MANUAL	ADHS/DBHS PROGRAM SUPPORT PROCEDURES MANUAL	<b>ADHS/DBHS COVERED BEHAVIORAL HEALTH SERVICES GUIDE</b>
<b>REVISION [X]</b>				<b>[X]</b>
<b>DIVISION DOCUMENT</b>	CLIENT INFORMATION SYSTEM (CIS) FILE LAYOUT AND SPECIFICATIONS MANUAL	OFFICE OF GRIEVANCE AND APPEALS DATABASE MANUAL	ADHS ACCOUNTING AND AUDITING PROCEDURES MANUAL	FINANCIAL REPORTING GUIDE FOR REGIONAL BEHAVIORAL HEALTH AUTHORITIES
<b>REVISION [X]</b>				
<b>DIVISION DOCUMENT</b>	ADHS/DBHS QUALITY MANAGEMENT/UTILIZATION MANAGEMENT PLAN	ADHS/DBHS PREVENTION FRAMEWORK FOR BEHAVIORAL HEALTH	AHCCCS MEDICAL POLICY MANUAL-CHAPTERS 900 AND 1000	ADHS/DBHS STRATEGIC PLAN
<b>REVISION [X]</b>				
<b>DIVISION DOCUMENT</b>	ADHS/DBHS CULTURAL COMPETENCE PLAN	ADHS/DBHS CLINICAL GUIDANCE DOCUMENTS	TITLE XIX CHILDREN'S BEHAVIORAL HEALTH ANNUAL ACTION PLAN	
<b>REVISION [X]</b>				

**Arizona Department of Health Services  
Division of Behavioral Health Services  
Memorandum**

**Date:** March 1, 2006  
**To:** Stakeholders  
**From:** Jennifer Vehonsky, Chief, Policy Office  
**Re:** **Final Changes to the ADHS/DBHS Covered Behavioral Health Services Guide**

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The following is a summary of the final revisions to the ADHS/DBHS Covered Behavioral Health Services Guide, Version 5.8, which becomes effective March 1, 2006, and will be posted to the ADHS/DBHS website on or around March 1, 2006. Please note that the Memorandum distributed on February 13, 2006, included **PROPOSED** changes to the guide. The changes described in this Memorandum represent the **FINAL** changes that are to be implemented by Tribal and Regional Behavioral Health Authorities and their contracted behavioral health providers.

Section I. F. 2.a AHCCCS Provider Billing Types

1. Certified Registered Nurse Anesthetist (CRNA) has been added as Provider Type (PT)
12. This change is effective March 1, 2006.

REPLACE PAGE 17

Section II. F. 2. Behavioral Health Long-Term Residential (Non-medical, Non-acute) Without Room and Board (Level III)

1. A technical correction has been made to the language under the Fee-For-Service Rate Assumptions section. Previous language stated that ADHS/DBHS had not yet established a rate for the service. A rate of \$137.00 per day was established previously with an effective begin date of 10/1/2003 and is reflected on the B-2 matrix. New language states that the fee-for-service rate is listed in Appendix B-2. Additionally, TRBHA fee-for-service claims will be paid at the fee-for-service rate as listed in Appendix B-2.

REPLACE PAGES 136-137

Appendix B-2, ADHS/DBHS Allowable Procedure Code Matrix:

1. Provider Type (PT) Certified Registered Nurse Anesthetist (CRNA) has been added as PT 12 for procedure code 00104 (Anesthesia for Electroconvulsive Therapy) with an effective begin date of 3/1/2006.
2. Technical correction to procedure code 90772 (Therapeutic, prophylactic or diagnostic injection; subcutaneous or intramuscular). The Category of Service (COS) was corrected to 01 (Medicine) instead of 12 (Pathology and Laboratory).

3. Added Place of Service (POS) 23 (Emergency Room-Hospital), 51 (Inpatient Psychiatric Facility), 52 (Psychiatric Facility Partial Hospitalization), 53 (Community Mental Health Center), 55 (Residential Substance Abuse Treatment Facility), 56 (Psychiatric Residential Treatment Center), 71 (State or Local Public Health Clinic), and 72 (Rural Health Clinic) to procedure code 90846 (Family psychotherapy-without the patient present) with an effective begin date of 3/1/2006.
4. Added Place of Service (POS) 12 (Home), 31 (Skilled Nursing Facility), and 32 (Nursing Facility) to procedure code 90847 (Family psychotherapy-conjoint psychotherapy, with patient present) with an effective begin date of 3/1/2006.
5. Added Place of Service (POS) 51 (Inpatient Psychiatric Facility) to procedure codes 99356 (Prolonged physician services in the inpatient setting, requiring direct patient contact beyond the usual service; first hour) and 99357 (Prolonged physician services in the inpatient setting, requiring direct patient contact beyond the usual service; each additional 30 minutes) with an effective begin date of 3/1/2006.
6. Technical correction to code S9986 (Not medically necessary service). Place of Service (POS) should be 99 instead of 100.

REPLACE APPENDIX B-2

Appendix B-5, Billing Limitations Matrix:

Appendix B-5, Billing Limitations Matrix, has been updated to match current covered service limitations in the Guide and to match the current Appendix B-2, ADHS/DBHS Allowable Procedure Code Matrix. Changes to this matrix do not represent any changes in policy or practice. It is merely an update to match the rest of the Guide.

REPLACE APPENDIX B-5

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For persons maintaining a hard copy of the ADHS/DBHS Covered Behavioral Health Services Guide:

**Summary of Replacement Appendices and Page Numbers**

Section	Replace
Covered Services Guide	Pages 3, 17, 136 and 137
Appendix B-2	Page 155 and Entire Appendix
Appendix B-5	Page 158 and Entire Appendix